### 10/1/18 to 9/30/19 Plan Year

#### Medical - Calendar Year Deductibles & Maximums

<table>
<thead>
<tr>
<th></th>
<th>Member Pays</th>
<th>Member Pays</th>
<th>Member Pays</th>
<th>Member Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individual/Family Deductibles</strong></td>
<td></td>
<td>$0/$0</td>
<td>$500/$1,000</td>
<td>$500/$1,000</td>
</tr>
<tr>
<td><strong>Individual/Family Out-of-Pocket (OOP) Max</strong></td>
<td></td>
<td>$1,000/$3,000</td>
<td>$1,000/$3,000</td>
<td>$2,000/$4,000</td>
</tr>
</tbody>
</table>

### Professional Services

<table>
<thead>
<tr>
<th>Service</th>
<th>100-A $20</th>
<th>90-G $20</th>
<th>80-G $30</th>
<th>Trad HMO*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Visit (OV), Urgent Care or Specialist/Consultants co-pay</td>
<td>$20</td>
<td>$20</td>
<td>$30</td>
<td>$10</td>
</tr>
<tr>
<td>Prenatal, postnatal office visit co-pay</td>
<td>$20</td>
<td>$20</td>
<td>$30</td>
<td>$0, no charge</td>
</tr>
<tr>
<td>Scans: CT, CAT, MRI, PET etc.</td>
<td>0%</td>
<td>10%</td>
<td>20%</td>
<td>$0, no charge</td>
</tr>
<tr>
<td>Diagnostic X-ray &amp; Laboratory Procedures</td>
<td>0%</td>
<td>10%</td>
<td>20%</td>
<td>$0, no charge</td>
</tr>
<tr>
<td>Infertility (diagnosis/treatment of causes of infertility)</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
<td>$10 OV, no charge in hospital</td>
</tr>
<tr>
<td>Preventive Care (includes physical exams &amp; screenings)</td>
<td>0% Ded Waived</td>
<td>0% Ded Waived</td>
<td>0% Ded Waived</td>
<td>$0, no charge</td>
</tr>
</tbody>
</table>

### Hospital & Skilled Nursing Facility Services

<table>
<thead>
<tr>
<th>Service</th>
<th>0% $100 co-pay</th>
<th>10% $100 co-pay</th>
<th>20% $100 co-pay</th>
<th>$100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Room visit (waived if admitted)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Hospital (preauthorization required)</td>
<td>0% $100 co-pay</td>
<td>10% $100 co-pay</td>
<td>20% $100 co-pay</td>
<td>$0, no charge</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>0% $100 co-pay</td>
<td>10% $100 co-pay</td>
<td>20% $100 co-pay</td>
<td>$10</td>
</tr>
<tr>
<td>Surgery, Outpatient (performed in Surgery Center)</td>
<td>0% $100 co-pay</td>
<td>10% $100 co-pay</td>
<td>20% $100 co-pay</td>
<td>$10</td>
</tr>
<tr>
<td>Surgery, Outpatient (performed in a Hospital)</td>
<td>0% $100 co-pay</td>
<td>10% $100 co-pay</td>
<td>20% $100 co-pay</td>
<td>$10</td>
</tr>
</tbody>
</table>

### Mental Health & Substance Abuse Treatment

<table>
<thead>
<tr>
<th>Service</th>
<th>0% 10% 20%</th>
<th>$0, no charge</th>
<th>$10</th>
</tr>
</thead>
<tbody>
<tr>
<td>INPATIENT: Facility Based Care (preauth required)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OUTPATIENT: Facility Based Care (preauth required)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Other Services

<table>
<thead>
<tr>
<th>Service</th>
<th>0% 10% 20%</th>
<th>$10/30 visits combined</th>
<th>$50</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupuncture or Chiropractic - Limits apply</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulance (Ground or Air)</td>
<td>0% 10% 20%</td>
<td></td>
<td>$50</td>
</tr>
<tr>
<td>Durable Medical Equipment (DME)</td>
<td>0% 10% 20%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical and Occupational Therapy - Limits apply</td>
<td>0% 10% 20%</td>
<td></td>
<td>$10</td>
</tr>
</tbody>
</table>

### Pharmacy Benefits

<table>
<thead>
<tr>
<th>Plan</th>
<th>5-20</th>
<th>7-25</th>
<th>7-25</th>
<th>Trad HMO*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual/Family Brand &amp; Specialty Rx Deductibles</td>
<td>none</td>
<td>none</td>
<td>none</td>
<td></td>
</tr>
<tr>
<td>Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)</td>
<td>$1,500/$2,500</td>
<td>$1,500/$2,500</td>
<td>$1,500/$2,500</td>
<td>Included w/ Med OOP Max</td>
</tr>
<tr>
<td>Generic co-pay/30 days supply</td>
<td>$0 at Costco $5 at Other Network</td>
<td>$0 at Costco $7 at Other Network</td>
<td>$0 at Costco $7 at Other Network</td>
<td>$10 up to 100 day supply</td>
</tr>
<tr>
<td>Brand co-pay/30 days supply</td>
<td>$20</td>
<td>$25</td>
<td>$25</td>
<td>$10 up to 100 day supply</td>
</tr>
<tr>
<td>Specialty co-pay/up to 30 days supply</td>
<td>$20 Must Use Navitus Mail</td>
<td>$25 Must Use Navitus Mail</td>
<td>$25 Must Use Navitus Mail</td>
<td>$10 up to 100 day supply</td>
</tr>
<tr>
<td>Mail Order (Generic-Brand co-pay/90 days supply)</td>
<td>$0-$50</td>
<td>$0-$60</td>
<td>$0-$60</td>
<td>$10-$10/up to 100 day supply</td>
</tr>
</tbody>
</table>

*This is simply a Plan Election Form with a brief overview of benefits. For details, limitations and exclusions, please refer to the Benefit Summary or Plan Booklet.*

*You must live or work in a Kaiser Service Area to be eligible to enroll.*